121000397646

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	2 #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly
A. F	RIVERS	



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COVER LETTER

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TO: Registration ! Division of Co			4
LM Acco	unding Services LLC		•
SUBJECT:	Name of 1 mi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	condence concerning this matter t	to the following:	
	Laura Menendez		
		Name of Person	
	LM Accounting Services L	LC	
		Lum Company	
	9041 NW 115 ST		
		Address	
	Hialeah Gardens, FL 33018	3	
		City State and Zip Code	
	lauramenendez310@outlook	c.com o be used for future annual report	and the system
For further information	concerning this matter, please ca		
Laura Menendez		305 494-192	4
Name	of Person	at (} Area Code — Da	stime Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing fee	 \$30,00 Filing Fee & Certificate of Status 	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[7] \$60.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)
<u>Mailing Addre</u>		Street Addres	
Registration Section Division of Corporations		Registration	Section Corporations
P.O. Box 63			of Tallahassee

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FE 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Allorida Limited I	ny as it now appears on our records.) Tability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>1.21000397646</u>	were filed on and assign
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
SIMPLE TAX & ACCOUNTING LLC	
The new name must be distinguishable and contain the words "I amited I tabil	lity Company," the designation "1.1.0" or the abbreviation "1.1.0"
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	
(Principal office address MUST <u>BE A STREET ADDRESS)</u>	

agent and/or the new registered office address here:

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Name of New Registered Agent		
New Registered Office Address:		
	Enter Florada street addres	`
		1
		orida
	Cax	Z_{T} ($\overline{\mathbb{R}}$
New Registered Agent's Signature, if changing Registe	ered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agrégito emply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations at my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			lAdd
			JRemove
			'Change
-·· -			lAdd
			Remove
			Change
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-	····] Add
			Remove
			TChange
			1 Add
			Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

If the record specifies a delayed effective date, but not an effective time, at 12001 a m on the earlier of (b). The 90th day after the record is filed,

Dated _10/21/2021	<u></u>	
Ngoature of a	i member or authorized representative of a member	
LAURA MENENDEZ		

lyped or printed name of signee